

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION# 31 ASSAULT ON ANOTHER INMATE
 OR REASON:
 DATE & TIME RECEIVED: 11/3/04 10:40 p.m.
 PERTINENT INFORMATION:

AIS NO: B/187140 CELL: H 157
 ADMITTANCE
 AUTHORIZED BY: H. Barnes
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
1/3	MORN	Y	NO	NO	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
MON	MORN	Y	NO	NO	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
TUE	MORN	Y	NO	NO	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
WED	MORN	Y	NO	NO	Shower	Cabin	NO	O med	B. Adams, CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
THUR	MORN	Y	NO	NO	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
FRI	MORN	Y	NO	NO	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	N	NO	NO					
	EVE	Y	NO	NO					
SAT	MORN	N	N	N	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	Y	N	N					
	EVE	Y	N	N					
SUN	MORN	N	N	N	Shower	Cabin	NO	O med	John E. Ellery Bull Co., CO
	DAY	Y	N	N					
	EVE	Y	N	N					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaulitive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

Exhibit Two(2)

BULLOCK CO. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION³¹: Assault on Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 P.M.
 PERTINENT INFORMATION:

AIS NO: B187140 CELL #: 4
 ADMITTANCE AUTHORIZED BY: Lt. Babers
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
12/27	MORN	Y	N	R	Refused	N	Refused	D. Johnson COI
	DAY	N	R	R	Refused	N	Refused	J. McRae COI
	EVE	Y	N	N	Refused	X	Refused med	T. Thompson COI
12/28	MON	Y	Y	Y	Refused	N	Refused	C. White COI
	MORN	Y	Y	Y	Refused	N	Refused	C. White COI
	DAY	Y	N	R	Refused	N	Refused	H. Hall COI
	EVE	Y	Y	N	Refused	N	Refused med	T. Thompson COI
12/29	TUE	Y	N	N	Refused	N	Refused	C. Young COI
	MORN	Y	N	N	Refused	N	Refused	A. Percy COI
	DAY	N	N	R	Refused	N	Refused	J. Thompson COI
	EVE	Y	N	N	Refused	N	Refused	
12/30	WED	Y	N	N	Refused	N	Refused	
	MORN	Y	N	N	Refused	N	Refused	Refused COI
	DAY	N	N	R	Refused	N	Refused	Refused COI
	EVE	Y	N	R	Refused	N	Refused med	Refused COI
12/31	THUR	Y	Y	N	Other	N	Refused	
	MORN	N	N	N	Other	N	Refused	Refused COI
	DAY	Y	N	N	Other	N	Refused	H. Hall COI
	EVE	Y	N	N	Other	N	Refused	Summer COI
1/1	FRI							
	MORN	Y	N	N	Refused	N	Refused	Refused COI
	DAY	Y	N	R	Refused	N	Refused	Refused COI
	EVE	Y	N	N	Refused	N	Refused	Refused COI
1/2	SAT							
	MORN	N	N	N	Refused	N	Refused	C. Young COI
	DAY	Y	N	N	Refused	N	Refused	H. Hall COI
	EVE	Y	N	N	Refused	N	Refused	Refused COI
STUN								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive.
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R) ~~NOT FOR PROFESSIONAL USE ONLY~~
 Exercise: Enter Actual Time Period and Inside or Outside
 9:30/10:00 IN; 2:00/2:30 OUT

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 and include date, signature, and title.
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